

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7		2				
8		1				
9		1				
10		1				
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48		1				
49		1				
50		1				
TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	12	12	12	12	12	12
TOTAL CLAIMS	13	13	13	13	13	13

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1	1	1	1
TOTAL DEP.			1	1	1	1
TOTAL CLAIMS			1	1	1	1